

Rheumatism.

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John F. Lambie  
admitted March 21. 1820

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John P. Lane  
admitted March 22. 1820

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## Rheumatism.

This disease is generally designated by the terms Acute, and Chronic. - It is true, a third, or rather a second and intermediate stage has been noticed by the late Professor Rush, which he has denominated Rheumatoid, as partaking of the nature of both the Acute and Chronic forms of this disease, but I doubt whether the distinction is of any actual importance in a nosological point of view, as he allows it to be nothing more than a protracted form of the Acute Stage - in consequence of which, much debility arises and a weak morbid action is kept up in the System ~

Acute Rheumatism, (to which I shall particularly confine my remarks in this paper) is a Febrian affection, belonging to that class of Fevers which is attended by local determinations. In Professor Chapman's arrangement, it is placed among Diseases of the Muscular System.

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The Symptoms are - Fever, acute pains, varying their seat of attack, - sometimes confined to one of the larger joints, - but often attacking several at once, - shooting thence, along the course of the muscles. - We frequently also find them attacking the muscles of the head, neck and back. As various as are the places of their attack, so are the terms used to express their existence in each particular part. These pains, are much increased by motion - are generally most severe during the night - and are at such times more apt to vary their situation - decreasing in severity towards morning, and suffering exacerbations in the evening. The remissions are however oftentimes imperfect. The pains having thus continued for an uncertain period, a swelling and tension, with heat and redness of the affected parts occur, in which the whole body sometimes participates, and the patient is for a while relieved. This state however, is seldom of long duration, and

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does not always mitigate the pain, which is frequently the longest attendant symptom. The disease runs and then abates about the eighth or tenth day, - but more frequently about the twentieth, - sometimes not before the thirtieth or fortieth, and in some instances is protracted to a much later period.

I have given fever, the priority of enumeration but do not wish to convey an idea of its being the first symptom - since we find that pain is often the precursor - but the pain and fever are generally, nearly casual. The fever most commonly commences by a chill, or slight shivering, with a sense of lassitude, followed by much increase of heat, thirst, anxiety, and restlessness, - the degree of fever being generally proportioned to the violence of the local attack, as, also to the number of parts affected, and (as before noticed of the pain,) suffering evening exacerbations, - and should much sweating arise, morning remissions, - in which case also we find a sediment of a red or white colour

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in the urine - the patient complaining of much heat in its excretion, (ardor urinae,) - at other times it is clear, or high coloured, and deposits no sediment. The face, (pallid under the exacerbatum particularly) is red, and sometimes swollen. - The Stomach is rarely affected - the Bowels generally costive. The pain when severe, depriving the patient of sleep, - sometimes inducing coma, - but very rarely delirium. The pulse generally febrile, quick and hard. This disease seldom terminates but by resolution. -

### Causez.

The various Causes inducing sudden plethoria - Sudden vicissitudes of weather - Cold applied to the body while heated - a certain peculiar state of habit, predisposing to inflammation - but not confined to the plethoric. The proximate Cause, is a morbid, or irregular action in the system - which may itself be considered as constituting the disease -



### Diagnosis.

This inflammation is to be distinguished from  
that in the same limbs more frequent in their  
occurrence - by their not being stationary, but  
wandering, and following the course of the vessels,  
attended with a sense of numbness - by the large  
joints being most frequently the seat of attack,  
and by the absence of any previous gastric  
affection. In this disease, continuous pain  
abands - In fact it suffers periodic  
missions.

### Treatment.

This disease is quite differing from most of  
the phlegmasia in not being apt to terminate  
in suppuration or gangrene. - In this, and  
the seat of the inflammation, the peculiarities  
of its treatment depends - to which we shall find  
it more closely allied to that which is proper in  
Synocha than any other disease - Since we  
must in the other phlegmasia, risk more, in



... increasing, but in three days up to suppuration  
in Gangrene, then with the best manner of us  
in a jail, then pressure will admit. — The first  
way to be spoken of, is bloodletting. — But if the  
normal excitement calls not for it, we must  
be no means employ it on account of pain. —  
In use of this remedy must generally be confined  
to the early stage of the complaint, perhaps the  
first or sixth day — and should the pains become  
aggravated while the fever continues to abate,  
we must say the blood alone can do an  
... stage, as a continuance of its em-  
ployment will often bring on the Chronic  
form of Rheumatism — or dangerous debility.  
It is common in this disease to find a buffy  
coat on the blood, — which may induce the  
inexperience to repeat the operation. — but  
we shall find that instead of being diminished  
this appearance of the blood will increase  
on each repetition of the operation. The

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Several degree of nature's action must be ascertained  
first.

When the case is inflammation is anticipated,  
often is with only a slight degree of general subse-  
symplasing, it will be advisable to abstract  
blood from the inflamed joint, by means of  
Leeches and Cupping & Scares.

In cases when after opening blood letting the  
vascular action continues above the natural  
standard we may expect much benefit from  
the employment of Digitalis in Tincture or  
Infusion.

But the next case for our attention.  
This should be composed of the Venous matter,  
and used soon to procure two or three evacuations  
daily for the first four or five days. We may  
sometimes supply their place by Milk Scabrous  
system - but severe purgatives will be highly  
injurious, by exciting pain and an inflammatory  
action in the intestinal Canal.

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The disease is not so common in the  
upper extremities as in the lower, and is  
subject to a transition to the suppurative stage of  
the non-healing Ulcers. The Ulcers of the  
lower extremities are an exception  
to the general rule in that disease, in that  
the local effects which usually frequently pro-  
duce in the Phlegmonia, whereas the general  
symptoms are a greater proportion to the  
local, than they do here.

If an aneurysm is being incised, the  
the symptoms do not soon yield, and should  
distant from their further enlargement, as a  
contamination under such circumstances may  
cause the disease to degenerate into Chronic  
Phlegmonia. Bleedings have been recom-  
mended by some practitioners to be applied to  
the inflamed joints. In the Chronic form  
the disease Bleedings into the joints will  
be highly serviceable, but in acute inflammation

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I think their employment is not often attended with any real advantage—unless indeed in those rare cases, where the inflammation proceeds to such height in despite of our other remedies, as to threaten Gangrene.—Then, the application of Blisters, as recommended by Professor Physics, will be advisable.—In common cases, I should with more confidence recommend the employment of the Cold affusions, both topical and general, (in those whose young and vigorous constitutions will enable them to bear the application of so violent and sudden an impression) with the view, not only of removing the morbid heat by evaporation and insensible perspiration, but of exciting a counter action in the system—and restoring the healthy action of the Capillaries and exhalants. Where the particular circumstances of the case will not admit the application of this remedy, or similar employment of the Tepid affusion

1840  
The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting of the Executive Committee, held on the 10th of January, 1840.

1. Mr. John A. Smith, of New York.  
2. Mr. James B. Jones, of New York.  
3. Mr. William C. Davis, of New York.  
4. Mr. Thomas E. Wilson, of New York.  
5. Mr. Robert F. Green, of New York.  
6. Mr. Henry G. White, of New York.  
7. Mr. Charles H. Black, of New York.  
8. Mr. David I. Brown, of New York.  
9. Mr. John K. Gray, of New York.  
10. Mr. James L. Hall, of New York.  
11. Mr. William M. King, of New York.  
12. Mr. Thomas N. Lee, of New York.  
13. Mr. Robert O. Clark, of New York.  
14. Mr. Henry P. Adams, of New York.  
15. Mr. Charles Q. Baker, of New York.  
16. Mr. David R. Miller, of New York.  
17. Mr. John S. Moore, of New York.  
18. Mr. James T. Taylor, of New York.  
19. Mr. William U. Evans, of New York.  
20. Mr. Thomas V. Foster, of New York.  
21. Mr. Robert W. Hill, of New York.  
22. Mr. Henry X. Scott, of New York.  
23. Mr. Charles Y. Green, of New York.  
24. Mr. David Z. Baker, of New York.  
25. Mr. John A. Smith, of New York.

has been found useful. —

The *Sanguinaria Canadensis*, or Blood root has been highly commended by Doct. A. Smith, of Yale College, as an efficacious remedy in this disease, either in the form of Tincture, or Infusion. — But not having had an opportunity of employing it, nor having seen his particular view of exhibiting the article, I am not prepared to say further on the subject. —

Acute Rheumatism, will generally yield to the judicious application of the remedies here enumerated. —